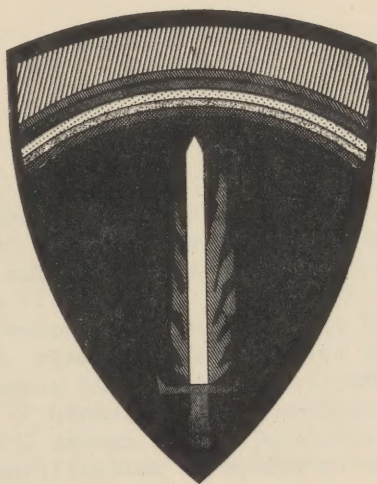


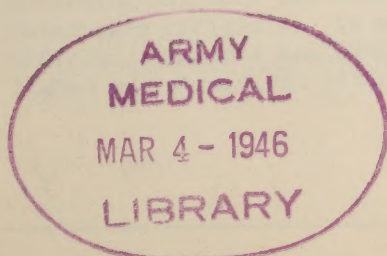
MILITARY GOVERNMENT
OF GERMANY

PUBLIC HEALTH AND
MEDICAL AFFAIRS



MONTHLY REPORT OF MILITARY GOVERNOR
U.S. ZONE 20 NOVEMBER 1945

NO. 4



HEALTH AND MEDICAL AFFAIRS

SYNOPSIS

Major problems in civilian health operations in the United States Zone are: necessary readjustments of Military Government medical personnel to health operations; location and utilization of qualified German health officials and personnel while securing denazification; prevention and control of existing or potential communicable diseases under hazards of mass population movements, absence or insufficiency of food, fuel, housing, cleaning and sanitation supplies; need for doubling hospital capacities to meet minimum anticipated bed requirements; lack of fuel essential for medical operations.

Energetic actions toward solution of all these problems indicate probable success in most instances. Results will depend upon the Germans themselves who have been informed of their full responsibility, and who frequently have been reminded that they must either achieve beneficial results or give timely notification to Military Government of deficiencies in the requirements for solving problems.

ORGANIZATION

Denazification

Rapid denazification of medicine without excessive impairment of health operations is difficult. The major problem is obtaining acceptable and qualified replacements for key health administrators and disposition of those removed. The known distribution of German civil health personnel is shown in Table I. German personnel charged with tuberculosis control programs in Mannheim, Pforzheim, and Heidelberg have been removed, resulting in cessation of tuberculosis control programs, as qualified replacements have not yet been obtained. The results of consideration of acceptability of German health personnel are shown in Table II. Table III indicates that 2,234 German health personnel have been removed, 530 more than in September. Denazification is estimated to have progressed as follows:

<u>Military District and Category of Function</u>	<u>Public Health Officers</u>	<u>Hospital Service</u>	<u>Private Practice</u>
EASTERN	84 to 95%	70 to 85%	60%
WESTERN	97 to 100%	100% except teaching service	50 to 60% except in Wuerttemberg-Baden where it is 90% in progress
BERLIN	100%	in progress	in progress

Acceptable official veterinarians have been appointed for Bavaria, Mainfranken, Nieder Bayern and Oberpfalz, Schwaben, Kassel, Weisbaden, Wuerttemberg, and Hessen. A temporary appointment has been made in Oberfranken and Mittelfranken. No appointment has been reported from Oberbayern. In Baden the Veterinary Official who was acting in a temporary capacity has recently been removed. Denazification is progressing rapidly in each Regierungsbezirk. Fragebogen are being processed and evaluated, with official appointments being made from the politically qualified personnel. In a few cases temporary appointments on a limited income basis have been necessary. Returning military personnel who are politically suitable are being appointed as Veterinary Officials. In all Regierungsbezirke it has been necessary to consolidate official positions and duties in order that the veterinary service can be reestablished and supervised without excessive delay. In some cases this has meant combining

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the offices of adjoining Kreise while in some cases the duties of a Stadtkreis and Landkreis veterinarian have been combined and carried on by the same individual.

Personnel

In the U.S. Zone 170 Military Government medical personnel were available during October 1945 for directing the public health administration program for German civilians and United Nations displaced persons. Necessary personnel readjustments have resulted in serious administrative problems. Nevertheless, the availability of properly qualified Germans has helped to overcome some of the chief difficulties. Of 228 Kreise, only 14 are without coverage by at least one suitable German health officer. There were 263 German health officers on duty during the month. Some of the important characteristics of these officers are shown in Table IV. The status of the German health supervisors remained unchanged during October.

PREVENTIVE MEDICINE

Communicable Diseases

In general unfavorable factors which should be considered with grave concern are overcrowding, population movements, shortage or absence of isolation and treatment facilities, anticipated food shortages, and critical shortages of fuel for sanitation, cooking and heating purposes. Although influenza has not increased markedly, its occurrence presents the constant threat of an outbreak which would overshadow all other matters of concern in the field of communicable disease epidemic control.

Poor communications, shortage of personnel and lack of transportation continue to delay the communicable disease reporting system. Case rates (Table V) show that the most prevalent communicable diseases during October, with order of incidence per-unit-of-population unchanged from September, were diphtheria, gonorrhea, scabies, pulmonary and laryngeal tuberculosis, typhoid fever, syphilis, scarlet fever, and infectious dysentery. During October diphtheria, gonorrhea, scabies and tuberculosis increased, while typhoid fever, syphilis, scarlet fever and dysentery decreased.

The increase in rate for diphtheria is seasonal and within the usual pattern for the same area and time of year. Immunization with toxoid has been limited to children between one and 12 years of age, but current or higher incidence will probably continue for some time due to overcrowding produced by the housing shortage, and to the present tendency to occur in older age groups not normally immunized. Increased rates reported for gonorrhea and for laryngeal and pulmonary tuberculosis are believed to be partly due to improved reporting, and lack of isolation and treatment facilities for preventing additional cases and treating existing infectious patients.

Immunization programs have been continued by the Germans. Table VI shows the numbers of civilians estimated to have been immunized during October. Adequate supplies of diphtheria toxoid, smallpox and typhoid vaccine are currently available.

The projected program for continuing the decreased incidence of enteric diseases will be improvement of water supplies including investigation and obtaining of suitable sources, repair of damaged water distribution systems and chlorination of water, particularly where water distribution systems are not adequately repaired, and intensification of general control of food handlers and carrier sources.

Highlights in venereal disease control have included instructions to German authorities that immediate steps be taken to carry out routine examinations

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for venereal disease among certain population groups most frequently found to be infected; the obtaining of War Department approval to furnish penicillin to German civil authorities under strict Military Government control for the treatment of gonorrhea in selected civil venereal disease detention hospitals; and increased effort to reduce the reservoirs of infectious venereal disease cases in those communities shown by reports of contacts and sources of infection to be the principal places of exposure of occupying troops to venereal disease. The release of penicillin for the treatment of gonorrhea cases in civil detention hospitals will be of inestimable value. A directive on the distribution, control and administration of penicillin has been issued so that the drug can be utilized immediately upon its availability in the Zone. Surveys during October were made of the venereal disease control programs in Berlin, Nurnberg, Munich, Frankfurt, Giessen, Mannheim, Bamberg, Augsburg, Bremen and Marburg. In every instance, active steps were being taken to reduce the prevalence of venereal disease through increased efforts to discover, isolate and treat infectious cases. The surgeons of military units and Military Government public health officers have cooperated well in devising joint measures for the protection of troops.

Measures necessary for the control of tuberculosis have been defined, including adequate reporting of cases and deaths and obtaining facilities for isolation treatment. German tuberculosis officers at Regierungsbezirk level are now being designated and given responsibility for reporting through proper channels. The number of beds available for care of tuberculosis continues to be insufficient. No immediate reduction in new cases and mortality is anticipated, as conditions conducive to the spread of tuberculosis developed cumulatively in the period of war prior to collapse.

Eight cases of typhus fever were reported during October. Control measures consist of a training program among the Germans to accomplish early recognition and reporting of cases and isolation, along with application of thorough DDT disinfection of the patient and contacts and an adequately large section of the environment to insure that no lice are permitted to transmit the disease to other individuals. Large scale movements of people and poor sanitary conditions will continue to enhance occasional sporadic outbreaks. DDT stockpiles and hand dusters delivered to each Regierungsbezirk will permit disinfection immediately typhus is reported. Powder dusters have also been delivered, and are in use in some Regierungsbezirke.

Nutrition

Current investigations indicated no further deterioration in the nutritional state of the urban civilian population in the Zone. While the official ration was set at 1,350 calories on 15 October, available data indicates that actual food consumption of the normal consumer may average approximately 1,700 calories in urban areas owing to a temporary increase of available unrationed foods. Rural areas, farms and villages are believed to fare somewhat better. The following figures, obtained by nutrition studies, indicate the intake of food in calories (see also Table VII):

FOOD CONSUMPTION FIGURES

Consumer Category	August-September	October Averages	Medically Recommended Minimum Requirements
Normal Consumers	1480-1800 calories	1700	2000
0-19 years	1500-2000 calories	2035	a/ 1000-2700
Pregnant and lactating women	1800 calories	2014	2700
Heavy workers	1900-2300 calories	2200	3200
Miners b/ (Underground)	1589 calories	3450	3700

a/ Range according to age.

b/ Special studies, July 1945, as compared with October 1945. Too few in number to merit conclusions.

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Comparative surveys were made for the same period in the British and French Zones. In the British Zone it was found that the general level of food consumption has improved in the last three months, and that for the time being the situation is not alarming provided the present official rations can be maintained. In the French Zone, however, it was reported that the state of nutrition generally is not satisfactory. The primary problem is a deficiency of calories, particularly in the Saar where no indigenous resources are available.

Street weighting data analyzed for 70,172 German civilians indicate no significant weight changes during October. (Table VIII). Weight data obtained by Nutrition Survey Teams (Table IX) indicate a slight improvement for German men 20-39 years, while those over 40 years remain unchanged from September data. Women between 20 and 39 years had not lost weight during October, but those over 40 years had evidenced a slight weight loss.

No significant number of true nutritional deficiency diseases has been observed during October, except for the occurrence of early mild rickets in a significant percentage of children under six years of age. Laboratory findings show no marked incidence of protein deficiency. There is a significant, but not alarming, incidence of hypo haemoglobinemia in the older age groups.

During October uniform standards were established for determining adequacy of food intake and reports on rationing, food consumption and nutritional state applicable to German civilians and displaced persons.

✓ Sanitation

Progress has been made in restoring war damaged water supply systems. In Bavaria of the 34 communities of 5,000 or more where the water supplies had received war damage all have been repaired adequately to permit delivery of potable water. Survey of war damaged water systems continues in the Western District and chlorination is required for those that show residual damage. At present there is chlorination of 12 major water supplies in the Western District, eleven in the Eastern District, and one in Berlin. Additional communities installing chlorination are Offenbach and Giessen in the Western District. The discovery and repair of all hidden breaks in distribution systems is a long range project that may take years for completion.

✓ The sewerage systems of all war damaged cities have been repaired and cleared to a degree that permits function and health hazards from this cause have been satisfactorily reduced. The program for repair of these is being pushed, with shortage of cement and other materials and faulty transportation facilities the main obstacles. The use of human excrement as fertilizer, a practice quite common to some localities, is under investigation and controls are being prepared to prevent this as a future source of disease.

✓ Housing facilities continue to be critically insufficient in quantity, resulting in overcrowding. The lack of fuel for space heating further aggravates this situation and will result in increased crowding into small rooms and buildings that can be heated. Surveys now in progress will furnish more accurate data on housing and spacing conditions.

Individual hygiene is markedly hampered because of critical shortages of soap and of fuel for heating water.

Laboratories and Research

The current status of German Public Health laboratory service was thoroughly established during October (Table X). Plant capacity is equal to or exceeds that available to the average population group in the United States but can operate satisfactorily only if furnished additional transportation. Provision of adequate automobile

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courier service has been undertaken. Additionally required laboratory equipment and supplies can be furnished. The shortage of gas hampers bacteriological procedures, while heat and steam required for acceptable service is limited by absence or shortage of fuel.

MEDICAL AFFAIRS

Medical Education

Medical schools at Heidelberg and Marburg have completed refresher courses for graduate students and are opening regular courses, priority being given to those students who have already completed the greatest portions of their medical education.

Medical Practice and Licensure

With no significant changes during October the handling of practice and licensing by German authorities has been satisfactory.

Dental Affairs

Dental equipment and supplies available to the Germans, as well as that required for displaced persons, continue in short supply. Action has been initiated to insure a maximum of essential articles from German production. The remainder for displaced persons will have to be obtained from military stocks or imports.

Gingivitis, although extensive, has been demonstrated to be non-specific and due to poor oral hygiene rather than to any dietary deficiencies.

Nursing Affairs

During October there were 14,928 hospital nurses, 2,657 community nurses, 3,862 midwives and 1,633 medical social workers in the Zone. There was a serious shortage of medical social workers with 1.1 per 10,000 population. A less unfavorable ratio of 1.7 community nurses and 2.6 midwives per 10,000 population existed, as was true also of 7.2 hospital beds per hospital nurse.

In Bavaria, of 39 nursing schools with student capacity of 1,046, only 19 are able to apply for reopening owing to results of denazification, lack of replacements of removed directors of hospitals and nurses, and bombing destruction of physical facilities. As there are reported to have been 68 Bavarian schools one year ago, only 28 percent remain capable of reopening. In the Western District only 14 schools will apply for permission to reopen, for similar reasons. Berlin Sector has ten nursing schools which have never been closed. A

Hospitalization

Civilian hospital bed capacities in the United States Zone increased 11.5 per cent during October from 108,945 to 121,500. The shortage remains critical. A total of 61,031 beds were available in the Eastern District, 51,631 in the Western District, and 8,838 in Berlin Sector. In Bavaria of 1,407 beds added for displaced persons during October 895 were general, 412 tuberculosis, and 100 for neuropsychiatric cases. 10,753 beds in 44 hospitals were available to displaced persons, 7,212 beds in 27 hospitals in the Eastern District and 3,541 beds in 17 hospitals in the Western District. Little increase of bed capacity through rehabilitation of existing

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hospital plants may be achieved, owing to lack of additional materials and qualified labor. Additional increases in numbers of civilian patients will occur through the discharge of thousands of prisoner-of-war patients requiring further treatment, through the hospitalization of several thousand open cases of tuberculosis now in homes, and through epidemics among displaced persons and refugees. Due to the fact that the prisoner patient load will continue for many months to come additional hospital capacity, through release of prisoner-of-war hospitals to civilian operation, cannot be anticipated. It is considered that hospital bed capacity to meet epidemic loads must be available for a minimum of 1.5 percent of the population. Anticipated hospital capacity will be only 0.8 percent of the population, or one-half of the capacity required, and all available facilities are continuously more than 90 percent utilized. Responsibility for development of additional means has been placed with the German authorities. Action has been initiated to stimulate allocation of suitable buildings to be used as hospitals in the event expansion should become necessary. In addition recent surveys of total available indigenous equipment and supplies should reveal the shortages of resources which would have to be made available from military stocks in a critical emergency.

DISPLACED PERSONS AND REFUGEES

✓ Medical Care in Centers

Under Military Government UNRRA is progressively assuming responsibility for medical care and sanitation for displaced persons centers. The required UNRRA medical administrative supervision is furnished by a Zone Headquarters and subordinate District Headquarters, the staffs of which contain specialists in venereal disease and tuberculosis control, nutrition, sanitation, pediatrics and nursing. At present UNRRA has insufficient sanitary engineers for direct supervision of sanitation, insufficient supplies, and insufficient ambulances, for which military resources must be utilized.

Hospitalization

German authorities are required to supplement hospital capacity, supplies and medical personnel where necessary. Although only a small proportion of hospitalization has been furnished by Germans under Military Government supervision, it has been satisfactory.

Environmental Sanitation

Environmental sanitation of centers has improved but still requires continuous attention to maintain gains and obtain additional necessary improvement. Liberal disinfection (DDT), medical inspections and immunizations have been aggressively implemented.

Food and Nutrition

The general state of nutrition is good to excellent. All centers provide a minimum ration allowance of 2,300 calories per person per day. Addition of Red Cross packages and unrationed food have created surplus food in some centers. Many occupants of centers are overweight (Table IX). Nutrition Survey Teams have confirmed food consumption in excess of requirements.

Movements

Movements of displaced persons have routinely involved physical inspection, DDT dusting and isolation of obviously infectious individuals.

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Refugees

Measures to prevent or control communicable diseases which could be imported by refugees soon to arrive from the east have been required of German authorities and consist of routine physical inspection, DDT delousing and isolation of infectious individuals at transfer points prior to furnishing German ration cards. For those individuals who enter the Zone other than through transfer points local German authorities are required to immediately implement the same measures prior to issue of ration cards.

MEDICAL SUPPLY

Although many normal civilian trade channels for medical supply have rapidly reappeared, some stocks are still inadequate to meet the professional requirements. Insulin, alcohol, ether, sulfa drugs, mercury, X-ray film and dental supplies present the greatest problems. Transportation for supplies and purchasers is inadequate, so that adequate trade channels are slowed. For example, Bavaria must import 80 percent of all required medical supplies from other parts of Germany, but obtaining passes to other areas, inadequate transport and poor communications retard efficient arrangements for such import. Lack of coal, raw materials, transport, containers, packaging materials and denazification are the commonest reasons given by German producers for slow to absent production.

Local apothecary and narcotics controls by German authorities have been generally adequate, with few known infractions of applicable laws. Prompt organization of a narcotics control administration has been initiated in the Zone after a proposal placed before the Allied Control Council for a central German civil administrative agency for control of narcotics had been temporarily delayed.

VETERINARY AFFAIRS

German Veterinary Personnel

German veterinary functions are rapidly improving. There are 123 satisfactory, 37 unsatisfactory officials available. There are known to be jobs for 33 officials unavailable at this time. 79 officials were discharged during October and 51 were appointed.

Animal Disease Control

The reporting of animal communicable disease improved materially during October. This is due to the appointments of additional official Kreise Veterinarians. There have been no marked changes reported in the livestock health in the Zone during the month of October. Swine erysipelas continues to be the only animal disease of major importance. (Table XIII)

Mallein and complement-fixation testing of horses in Bavaria, Wuerttemberg and Hessen were initiated by German authorities after the reporting of glanders in several horses in those areas. Progress is slow due to lack of personnel and transport. There has been no spread of hog cholera from reported sources in Niederrhein, immune serum having been used for treatment and control, accompanied by proper quarantine, slaughtering and disinfection.

Meat and Dairy Products

Reports indicate that dairy plants are operating effectively, pasteurization

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being carried on in most of the plants. Where there is difficulty in obtaining fuel the problem has been settled locally. Fuel is being allotted for pasteurization, cleaning and sterilization purposes. The Stadkreis and Landkreis veterinarians have been instructed to make routine inspections in all dairy plants. Generally the plants are clean, but there is a very limited supply of cleaning materials. Most of the equipment is in need of repair. Slaughterhouses are operating throughout the United States Zone, under German Veterinary inspection. Reconstruction of war damaged buildings is continuing.

Veterinary Laboratories and Research

One new veterinary laboratory has been reported at Regensburg. This is a medical laboratory and has done limited amounts of work on milk and meat analysis. In addition, the Veterinary Laboratory for Land Wuerttemberg-Baden and the Veterinary Laboratories and Research Institutes for Schleissheim and Nurnberg have conducted 1,650 tests, including meat and milk examinations, pathological and post mortem examinations on various animals, serology, brain sections, bacteriological examinations, excrement examinations, as well as produced various sera and vaccination materials.

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TABLE I
DISTRIBUTION OF GERMAN CIVILIAN MEDICAL PERSONNEL
UNITED STATES ZONE
(1 November 1945)

Area and Category of Personnel	Physicians	Nurses	Dentists	Midwives	Pharmacists	Sanitary Inspectors	Veterinarians	Others
TOTAL	9,656	17,603	4,627	3,862	2,260	149	1,201	1,877
EASTERN MILITARY DISTRICT	5,157	9,187	2,799	2,156	1,423	10	723	986
Mainfranken	845	1,860	226	378	205	8	88	150
Oberfranken und Mittelfranken	1,255	2,322	420	522	266	no data	152	279
Nieder Bayern und Oberpfalz	900	2,251	320	530	266	no data	122	-
Schwaben	641	1,281	227	292	122	2	138	67
Oberbayern	1,862	3,022	395	414	801	-	223	490
WESTERN MILITARY DISTRICT	3,625	7,123	1,679	1,660	728	139	456	
Land Greater Hessen								
RB Kassel	732	1,780	159	431	148	8	150	
RB Wiesbaden	581	849	292	325	206	-	70	
RB Hessen	829	957	550	257	108	12	120	
Land Wuerttemberg-Baden								
Baden Section	567	1,623	258	200	116	56	98	
Wuerttemberg Section	916	1,914	420	447	150	63	18	
Bremen Enclave	not reported							
BERLIN DISTRICT (UNITED STATES SECTOR)	874	1,293	149	46	109	unknown	22	891

RATIO: Number of people served
by each individual:
UNITED STATES ZONE

1,587 870 3,291 3,943 6,783 unknown

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TABLE II
RESULTS OF VETTING GERMAN CIVILIAN MEDICAL PERSONNEL
UNITED STATES ZONE
(1 November 1945)

Category of Personnel	Totals		Eastern District			Western District			Berlin ^{a/} (United States Sector)	
	Accept- able	Unaccept- able	Accept- able	Unaccept- able	Unacceptable but retained for operation- al necessity	Accept- able	Unaccept- able	Unacceptable but retained for operation- al necessity	Accept- able	Unaccept- able
TOTAL	9,479	1,995	5,238	1,587	589	3,616	400	15	625	8
Physicians	2,990	934	1,712	817	374	993	116	13	285	1
Nurses	4,606	273	2,654	186	31	1,847	81	0	105	6
Dentists	783	139	310	130	93	374	9	0	99	0
Midwives	555	81	347	70	18	205	11	0	3	0
Pharmacists	297	70	68	56	41	103	14	2	126	0
Sanitary Inspectors	24	8	1	1	1	23	7	0	0	0
Veterinarians	219	487	141	324	29	71	162	0	7	1
Others	5	3	5	3	2	0	0	0	0	0

^{a/} Denazification in United States Sector of Berlin had been initiated by the Russians prior to entry of United States Military Government.

TABLE III
STATUS OF DENAZIFICATION
UNITED STATES ZONE
(1 November 1945)

Areas and Categories of Nazis Removed	Physicians	Nurses	Dentists	Midwives	Pharmacists	Sanitary Inspectors	Veterinarians	Others
TOTAL (Numbers removed)	936	299	473	51	234	8	232	2
EASTERN MILITARY DISTRICT	730	183	398	50	214	-	214	2
Mainfranken	73	23	15	34	2	-	11	1
Oberfranken und Mittelfranken	256	91	44	7	15	-	29	-
Nieder Bayern und Oberfalz	80	54	181	2	-	-	45	-
Schwaben	79	5	31	3	10	-	22	1
Oberbayern	242	10	127	4	187	-	107	-
WESTERN MILITARY DISTRICT	205	110	75	1	20	8	17	
Land Greater Hessen								
RB Kassel	27	16	0	0	0	1	1	
RB Wiesbaden	95	47	19	0	0	0	11	
RB Hessen	18	20	0	0	0	0	1	
Land Wuerttemberg-Baden								
Baden Section	51	0	55	1*	13	0	4	
Bremen Enclave	Not reported							
BERLIN DISTRICT (UNITED STATES SECTOR)	1	6						

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TABLE IV
ESTIMATED QUALIFICATIONS OF GERMAN HEALTH OFFICIALS
UNITED STATES ZONE
(1 November 1945)

Region and Numbers	Area	Satisfactory Officials	Politically Unsatisfactory Officials	Professionally Unsatisfactory Officials	Otherwise unsatisfactory or Unavailable Officials	Discharged During October	Appointed During October
LAND BAVARIA (EAST MIL.D)	145	119	6	6	14	30	29
Mainfranken	21	16	1	1	3	4	3
Oberfranken und Mittelfranken	34	28	1	2	3	4	7
Nieder Bayern und Oberpfalz	42	29	4	3	6	11	5
Schwaben	21	19	0	0	2	2	2
Oberbayern	27	27	0	0	0	9	12
WESTERN MILITARY DISTRICT	77	66	2	4	5	14	16
Land Greater Hessen							
HB Kassel	17	15	0	1	1	2	4
HB Wiesbaden	15	13	0	1	1	3	3
Darmstadt	11	7	1	0	3	2	2
Frankfurt A/M	1	1	0	0	0	0	0
Land Wuerttemberg-Baden							
Stuttgart	20	19	0	1	0	3	3
Karlsruhe	3	2	0	1	0	2	2
Mannheim	6	5	1	0	0	2	2
Bremen Enclave	4	4	0	0	0	0	0
BERLIN DISTRICT (UNITED STATES SECTOR)	6	3	0	3	0	2	2

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TABLE V
 COMMUNICABLE DISEASE RATES
 FOR UNITED STATES ZONE OF GERMANY
 EXPRESSED AS CASES PER 10,000 PERSONS ANNUALLY
 (Estimated Population 15,233,752)

1945 Week Ending	Typhus Fever Louse borne	Relapsing Fever	Smallpox	Cholera	Plague	Anthrax	Diphtheria	Scarlet Fever	Tuberculosis Lung and Larynx	Tuberculosis Other	Whooping Cough	Meningitis	Meningococcus	Poliomyelitis	Gonorrhea	Syphilis	Typhoid Fever	Paratyphoid Fever	Dysentery infectious	Bact. Food Poisoning	Undulant Fever	Infectious jaundice	Scabies	Rabies	Encephalitis Epidemic	Malaria	Influenza	Measles	Mumps
Four Month Average June - Sept	1.34	--	--	--	--	--	30.12	9.95	16.85	1.16	2.51	.22	.36	26.15	6.67	9.71	1.90	10.18	.33	--	.51	21.12	--	.06	.61	1.65	.65	.03	
5 Oct	.10	--	.03	--	--	--	46.25	9.25	24.27	1.98	2.05	.17	.27	40.89	10.21	14.61	3.00	4.06	.58	.03	1.43	21.06	--	--	.41	2.25	.20	.17	
12 Oct	.07	--	--	--	--	--	47.97	11.32	23.41	2.08	2.87	.58	.31	38.91	11.90	14.50	2.05	4.30	--	.03	1.84	29.40	--	--	.38	2.39	1.06	--	
19 Oct	.07	--	--	--	--	--	49.16	10.09	22.29	2.65	2.25	.18	.18	37.29	8.90	12.20	1.20	2.11	--	--	1.20	27.39	22	--	1.16	.91	1.31	.97	
Average 1 June to 19 October	1.15	--	--	--	--	--	32.77	9.39	17.92	1.32	2.49	.24	.35	28.08	7.21	10.31	1.97	9.18	.30	--	.59	21.85	.01	.05	.61	1.68	.68	.04	

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TABLE VI
REPORTED VACCINATIONS AND IMMUNIZATIONS
United States Zone of Germany
(October 1945)

Area and Disease	Small Pox	Diphtheria	Typhoid	Scarlet Fever	Tetanus	Typhus
TOTAL	116,144	275,978	90,519			
EASTERN MILITARY DISTRICT						
Mainfranken		190,963	76,688			
Oberfranken und Mittelfranken	560	17,912	21,740			
Nieder Bayern und Oberpfalz	18,000	24,000	38,500			
Schwaben	16,883	79,051	3,948			
Oberbayern	45,000	45,000	2,500			
	20,000	25,000	10,000			
WESTERN MILITARY DISTRICT						
Land Greater Hessen		85,015	13,831	28,200	784	20,840
RB Kassel	207	24,000	800	14,400	0	1,216
RB Wiesbaden	1,320	9,463	963	4,760	214	7,410
RB Hessen	723	6,210	460	Unknown	120	
Land Wuerttemberg-Baden						
Baden Section	3,988	17,926	8	8,794	450	12,214
Wuerttemberg Section						
Bremen Enclave	9,463	27,416	11,600	246		Unknown
BERLIN DISTRICT (UNITED STATES SECTOR)						

TABLE VII
CALORIC VALUE OF RATIONED FOOD, UNITED STATES ZONE
October 1945

Area and Consumer Category	0 - 3 Years Old	3 - 9 Years Old	10 - 17 Years Old	Normal Consumer	Pregnant/Nursing Women	Moderate Worker	Heavy Worker
Minimum consumption required for health	1,000	1,500-2,000	2,700	2,000	2,700	2,700	3,200
Average reported ration	1,507	1,330	1,330	1,142	1,599	2,060	2,135
Reported Ration							
EASTERN MILITARY DISTRICT	1,606	1,556	1,525	1,307	1,961	1,567	1,833
WESTERN MILITARY DISTRICT	(1,309)	(1,309)	1,404	1,245	1,768	1,386	1,817
BERLIN (United States Sector)	(All Children	1,384)	1,247	-	1,992	2,486

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TABLE VIII
GERMAN CIVILIAN WEIGHTS IN POUNDS^{a/}
UNITED STATES ZONE
(Street Weighing Program)

	Age Group		
	20 - 39 Years	40 - 59 Years	Over 60 Years
MALES			
Number weighed	13,400	13,136	7,394
Mean Weight	142.9	140.4	134.2
Normal Standard	148	152	153
Loss	5.1	11.6	18.8
Percent Deviation	-3.4	-7.6	-12.3
FEMALES			
Number Weighed	16,260	13,561	6,471
Mean Weight	124.4	122.6	116.2
Normal Standard	128	137	136
Loss	3.6	14.4	19.8
Percent Deviation	-2.8	-10.5	-14.6

^{a/}Weights computed on basis of 70,172 adults. Originally weights were obtained in 27 cities with total population of 1,745,031 ranging from 10,000 to 285,000 (all estimated), data obtained in September 1945 but analyzed during October 1945.

TABLE IX
COMPARISON OF ADULT WEIGHT DATA, 1945^{a/}
UNITED STATES ZONE

Sex, Age Group and Period	Age Group		
	20 - 39 Years	40 - 59 Years	Over 60 Years
MALES			
Average Weight			
Germans, September	137.2	134.5	120.5
Germans, October	141.4	135.3	127.5
Displaced Persons, October	151.5	150.3	144.8
Percent Deviation from Standard			
Germans, September	-3.4	-7.9	-18.0
Germans, October	-0.4	-7.3	-13.2
Displaced Persons, October	+6.7	+2.9	- 1.5
FEMALES			
Average Weight			
Germans, September	121.3	121.3	114.7
Germans, October	119.3	114.6	108.8
Displaced Persons, October	134.1	139.0	135.3
Percent Deviation from Standard			
Germans, September	-1.4	-8.1	-13.8
Germans, October	-3.0	-13.2	-18.2
Displaced Persons, October	+9.0	+5.3	+1.7

^{a/}Data obtained by Nutrition Survey Teams, based upon careful studies of 1,945 German Civilians in September, 1,942 German Civilians in October, and 384 Displaced Persons in October.

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TABLE X
STATUS OF GERMAN PUBLIC HEALTH LABORATORIES
UNITED STATES ZONE
(1 November 1945)

Area and Factor	Name of Laboratory	Location	Population Served	No. Exam. Per Week	Quarters	Equipment	Personnel	Transport
EASTERN MILITARY DISTRICT:								
Mainfranken	Inst Hyg U Bekt Anstalt	Lengfeld (Temp)	911,000	800	Unsat.	Unsat.	Sat.	Unsat.
	Skin Cl Univ Wuerzburg	Wuerzburg		60	Sat.	Sat.	Excel.	Unsat.
Ober und Mittelfranken	Staat. Bekt Unterenstalt	Erlangen		1,000	Sup.	Excel.	Sat.	Sat.
	Steedt Allgemeines Kr Heus	Nuernberg	1,898,000	2,000	Sup.	Sup.	Sat.	Sat.
Niederbayern und Oberpfalz	Hyg Bekt Unterenstalt	Regensburg		1,000	Unsat.	Unsat.	Unsat.	Unsat.
	Laboratory Dr Reng, Sr Unknown	Straubing Deegendorf	unk 1,605,000	unk	Small private laboratory used by M.G. Small private laboratory used by M.G.			
Schwaben	Staedt Krankenhaus	Augsburg		400	Unsat.	Unsat.	Unsat.	Unsat.
	Priester Seminar Firma Meck	Dillingen Illertissen		unk unk	Hungarian Army Lab. requisitioned by M.G. Chemical Firm Lab. requisitioned by M.G.			
	Hyg Untersuchungsanstalt	Kempton	949,000	unk	Small one Technician Branch Lab. of Land Bavaria in Munich.			
Oberbayern	Hyg Untersuchungsanstalt	Munich	1,932,000	3,500	Sat.	Sat.	Excel.	Sat.
	Unknown	Ingolstadt		unk	Private Lab. used by M.G. and UNRRA.			
WESTERN MILITARY DISTRICT:								
Land Greater Hessen	Hyg Inst. Marburg	Marburg		2,500	Excel.	Excel.	Excel.	Unsat.
	Behringwerke	Marburg	1,159,000	Not in use - could be employed.				
RB Wiesbaden	Staedt Med. Unter Anstalt	Wiesbaden	1,181,000	500	Sat.	Sat.	Sat.	Unsat.
RB Hessen	Staedt Krankenhaus	Darmstadt		500	Unsat.	Unsat.	Sat.	Unsat.
	Staat. Hyg. Inst. Hessen	Giessen	910,000	600	Sat.	Sat.	Sat.	Unsat.
Frankfurt	Staedt Hyg Institute	Frankfurt		1,600	Sat.	Sat.	Sat.	Unsat.
	George Speyer Institute	Frankfurt)		These are not diagnostic laboratories, but provide for standardization of biologicals and drugs.			
	Paul Ehrlich Inst.	Frankfurt)	6,000				

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TABLE X (Cont'd.)
STATUS OF GERMAN PUBLIC HEALTH LABORATORIES
UNITED STATES ZONE
(1 November 1945)

Area and Factor	Name of Laboratory	Location	Population Served	No. Exam. Per Week	Quarters	Equipment	Personnel	Transport
Land Wuerttemberg- Baden	Serological Institute	Heidelberg		600	Excel.	Excel.	Sat.	Sat.
	Bakt. Institute	Heidelberg	1,420,000	1,500	Excel.	Excel.	Sat.	Sat.
	Stadt Krankenhaus	Mannheim		unk	Operates only on a limited scale for Mannheim.			
Wuerttemberg- Baden	Med Land untersuchungssamt	Stuttgart		1,200	Sat.	Sat.	Sat.	Unsat.
	Stadt Gesundheitsamt Lab.	(Winnenden) Stuttgart	1,908,000	1,000 (4,300)	Sat.	Sat.	Sat.	Unsat.
Bremen Enclave	Staat Krankenhaus Anstalt	Bremen		4,000	Unsat.	Unsat.	Sat.	Sat.
	Stadt Krankenhaus	BZ Bremerhaven	558,000	100 (4,000)	Clinical Laboratory of Hospital.			
Berlin (United States Sector)	Med Lab BZ Kreuzberg	BZ Kreuzberg		2,000	Sat.	Sat.	Sat.	Sat.
	Med Lab Hauptgesundheitsamt							
	Med Lab BZ Zehlendorf	BZ Zehlendorf		8,000	Unsat.	Unsat.	Excel.	Sat.
	Unknown	BZ Zehlendorf		2,000	Excel.	Sat.	Sat.	Sat.
	Med Lab BZ Steglitz	BZ Steglitz	800,000	New laboratory to be opened in near future.	Sat.	Sat.	Unsat.	Sat.
	Med Lab BZ Tempelhof	BZ Tempelhof		500	Completely inadequate. It is not really needed.			
	Med Lab BZ Neukoelln	BZ Neukoelln		unk	Lab and Hospital requisitioned by Army.			
	Med Lab BZ Schoeneberg	BZ Schoeneberg		unk	Is said to be an adequate laboratory.			
	Inst. Water Soil & Air	Berlin		1,300	Sat.	Sat.	Sat.	Sat.
				(15-18,000)				

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TABLE XI
CIVILIAN HOSPITAL STATUS, UNITED STATES ZONE
(1 October 1945)

	Number Of Hospitals	Number Of Beds	Number Of Beds Occupied	Percent Of Beds Occupied
AREA AND INFORMATION				
TOTAL	895	108,945	87,345	80.3
EASTERN MILITARY DISTRICT	554	56,943	43,988	77.2
Mainfranken	92	12,697	9,552	75.2
Oberfranken und Mittelfranken	124	12,083	9,670	80.0
Nieder Bayern und Oberpfalz	95	7,806	6,553	84.0
Schwaben	106	11,474	8,907	77.6
Oberbayern	137	12,883	9,306	72.2
WESTERN MILITARY DISTRICT	306	43,766	35,121	80.2
Land Greater Hessen				
RB Kassel	59	7,513	6,271	83.5
RB Wiesbaden	45	5,072	3,993	78.7
RB Hessen	57	8,134	7,142	87.8
Land Wuerttemberg-Baden				
Baden Section	18	1,626	1,418	87.0
Wuerttemberg Section	102	16,448	11,843	72.0
Bremen Enclave	25	4,973	4,454	89.0
BERLIN DISTRICT (UNITED STATES SECTOR)	35	8,236	8,236	100.0

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TABLE XII
STATUS OF TRANSFER OF GERMAN PRISONER OF WAR HOSPITALIZATION
TO CIVILIAN RESPONSIBILITY
(1 November 1945)

AREA	P.W. Patients Released to Civilian Care	German Doctors Released	German Nurses Released	German Hospital Attendants Released	German Military Hospital Plants Released	P.W. Patients Returning ^{1/}	Planned Rate of Transfer of P.W. Patients to Civilian Care and Month of Transfer
EASTERN MILITARY DISTRICT	1,029	829	599	3,118	None	44,499	October - 4,000 ^{a/} November- 7,500 December- 11,500 January - 22,000
WESTERN MILITARY DISTRICT	18,019	173	881	447	27	34,938	October - 4,000 ^{a/} November- 4,000 December- 4,000 January - 4,000
TOTAL	19,048	1,002	1,480	3,565	27	79,437 ^{a/}	November- 11,500 December- 15,500 January - 26,000 TOTAL - 53,000

NOTES: ^{a/} Assumes were transferred to civilian care in October 1945.

^{b/} Does not include any patients from P.W. status yet to arrive from outside of United States Zone.

^{c/} Maximum total returned and remaining in Zone requiring treatment 79,437 (80 per cent).

TABLE XIII
INCIDENCE OF COMMUNICABLE ANIMAL DISEASES
UNITED STATES ZONE
(1 November 1945)

Area	Diseases	Hog Chlorea	Swine Erysipelas	Glanders	Equine Anemia	Fowl pest	Fowl Cholera	Scabies Horse	Ulcerative Lymphadenitis
TOTAL NUMBER OF FARMS INFECTED									
EASTERN MILITARY DISTRICT									
Mainfranken		1	110			1		18	
Ober und Mittel franken		16	210	1	1	20		62	
Neiderbayern		1	382		1	80		157	
Oberbayern			50			41		29	
Schwaben			55			1		134	
WESTERN MILITARY DISTRICT									
Land Greater Hessen									
HB Kassel			158					1	
HB Wiesbaden			54					7	
HB Hossen		1	89		1		1	4	1
Land Wuerttemberg-Baden									
Baden Section			52					2	
Wuerttemberg Section		1	119		2			5	
Bremen Enclave			6					1	

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